

BAR CODE LABEL



U.S. PATENT APPLICATION

SERIAL NUMBER

08/726,024

FILING DATE

10/04/96

CLASS

340

GROUP ART UNIT

2617

APPLICANT

DANIEL A. HENDERSON, LOS ALTOS, CA.

CONTINUING DATA***
VERIFIED

FOREIGN/PCT APPLICATIONS***
VERIFIED

FOREIGN FILING LICENSE GRANTED 01/22/97

***** SMALL ENTITY *****

STATE OR
COUNTRY

CA

SHEETS
DRAWING

47

TOTAL
CLAIMS

18

INDEPENDENT
CLAIMS

9

FILING FEE
RECEIVED

\$620.00

ATTORNEY DOCKET NO.

317MH-23513

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TITLE

METHOD AND APPARATUS FOR IMPROVED PAGING RECEIVER AND SYSTEM

This is to certify that annexed hereto is a true copy from the records of the United States
Patent and Trademark Office of the application which is identified above.

By authority of the
COMMISSIONER OF PATENTS AND TRADEMARKS

Date

Certifying Officer



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

SERIAL NUMBER 08/726,024	FILING DATE 10/04/1996 RULE -	CLASS 455 374	GROUP ART UNIT 3747 2645	ATTORNEY DOCKET NO. 317MH-23513
APPLICANTS DANIEL A. HENDERSON, LOS ALTOS, CA ; ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/005,029 10/06/1995 WHICH IS A CIP OF 08/177,851 01/05/1994 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/22/1997				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY CA	SHEETS DRAWING 47	TOTAL CLAIMS 18
Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				INDEPENDENT CLAIMS 9
ADDRESS Hill & Hunn LLP 201 Main Street, Suite 1440 FORT WORTH, TX 76102				
TITLE METHOD AND APPARATUS FOR IMPROVED PAGING RECEIVER AND SYSTEM				
FILING FEE RECEIVED 758	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	